FILE.NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jul 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **19**98 DIVISION OF CORPORATIONS P97000079961 Production, Inc Principal Place of Business Mailing Address 5018 NW 15 th Ave. Miami, F1 33142 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address Applied For 5018 NW 15th 21 26 Not Applicable Suite, Apt. #, #tc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Gladys Solomon 5018 NW 15th Ave. Street Address (P.O. Box Number is Not Acceptable) 83 Miami, Fl 33142 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President = P Gladys Solomon 5018 NW 15th Ave. DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Miami CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition <u>eőőőőszászeagyada</u> DELETE TITLE 6.1 TITLE NAME 6.2 NAME -07/14/98--01027--043

6.3 STREET ADDRESS

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64 City-st-zip

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS CITY-ST-ZIP FILED



To whom it may concern,

7/1/98

. . .

I am writing this letter to explain why my filings are not on preprinted forms. I did not receive my corporation filing forms. This is my first time final filing and was unaware of the deadline. The representative informed my after calling to inquire forms weren't received for my corporation. She informed me that I should receive filing forms by January every year and to write a letter explaining why I'm filing lake and penalties will be waived.

Da#P 97 000019961

Sincerely, Solomon Dunuha Production, Inc.